

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 485420

1. Corporation Name

JOSEPH W. TENHAGEN GEMSTONES, INC.

Principal Place of Business

36 N.E. 1ST ST. #419
MIAMI FL 33132

Mailing Address

36 N.E. 1ST ST. #419
MIAMI FL 33132

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1975

5. FEI Number

59-1615887

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TENHAGEN, JOSEPH W	7324 S.W. 134TH COURT	MIAMI FL 33183

100008638441
10/28/02--01133--017 **150.00

8. Name and Address of Current Registered Agent

TENHAGEN, JOSEPH W
36 N.E. 1ST ST #419
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-23-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

305-374-2411

Date

Daytime Phone #

CR2E040 (8/02)

JOSEPH W. TENHAGEN GEMSTONES, INC.

36 N.E. First Street, Suite 419

Miami, Florida 33132

Phone 305-374-2411 ♦ Fax 305-374-2413

E-Mail: joeten@bellsouth.net



October 23, 2002

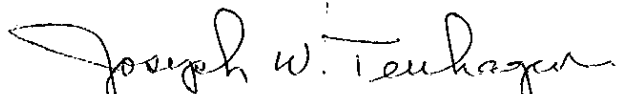
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Notice of Administrative Dissolution or Revocation

To Whom It May Concern:

Please be advised that I have not received the (USB) uniform business report. I apologize for any confusion this may have caused.

Sincerely


Joseph W. Tenhagen